

Practitioner's Docket No. KE27-001



CP-3724

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Kennelly, John P.; Linn, Jack A.

Application No.: 09/109,830

Filed: 07/02/1998

For: Cutting Table Fence

Group No.: 3724

Examiner: C. Dexter

#8/Extension (new)
h.m. Morgan
6/7/00
RECEIVED
APR 26 2000
TECHNOLOGY CENTER 3700

Assistant Commissioner for Patents
Washington, D.C. 20231

TRANSMITTAL

Transmitted herewith are:

1. PTO Return Postcard Receipt
2. Transmittal w/Certificate of Mailing
3. Response to December 22, 1999 Office Action
4. 5 sheets red-line drawings (Figs. 1-4, 6-8)

STATUS

Applicant is a small entity. A statement was already filed.

EXTENSION OF TERM

The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for one month:

Fee: \$55.00

If an additional extension of time is required, please consider this a petition therefor. **An extension for one month(s) has already been secured.** The fee paid therefor of \$55.00 is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$0.00

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

☒ deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

FACSIMILE

☐ transmitted by facsimile to the Patent and Trademark Office.

Date:

4/18/00

Signature

Karen S. Brasfield

Karen S. Brasfield

(type or print name of person certifying)

06/08/2000 LMORGAN 00000001 230925 09109830

01 FC:215

55.00 CH

(Amendment Transmittal—page 1 of 2)

FEE FOR CLAIMS

The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1)		(Col. 2)	(Col. 3)	SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	18	Minus	20	= 0	x \$9 =	\$0
Indep.	3	Minus	3	= 0	x \$39 =	\$0
First Presentation of Multiple Dependent Claim					+ \$130 =	\$0
Total					Addit. Fee	\$0

* If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,

** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

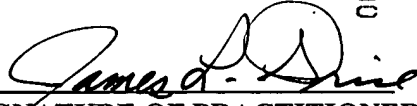
FEE PAYMENT

A check in the sum of \$55.00 was previously provided.

FEE DEFICIENCY

If any additional extension and/or fee is required, charge Account No. 23-0925.

Reg. No. 27,376
Tel. No.: (509) 624-4276
Customer No.: 021567


SIGNATURE OF PRACTITIONER
James L. Price
Wells, St. John, Roberts, Gregory & Matkin
601 W. First Ave., Ste. 1300
Spokane, WA 99201-3828

RECEIVED
APR 26 2000
TECHNOLOGY CENTER 3700